



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING AND REGULATORY SERVICES

Workforce Development
Application for CNA Training Program Approval

SECTION 1: Application Type

APPLICATION FOR CNA TRAINING PROGRAM APPROVAL

P.A. #: _____

Program Type (Select one):

- | | |
|--|---|
| <input type="checkbox"/> Adult Education Program | <input type="checkbox"/> Proprietary School Program |
| <input type="checkbox"/> Community College Program | <input type="checkbox"/> School of Nursing Program |
| <input type="checkbox"/> Job Training Program | <input type="checkbox"/> Secondary Program |

SECTION 2: Educational Delivery System Administratively Responsible for Program

Program Administrator Name:

School or Educational Entity Name:

Mailing Address:

City:	State:	Zip:	County:
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Telephone No.: ()	Fax No.: ()
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Physical Address:

City:	State:	Zip:	County:
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Email Address:

SECTION 3: Agency Information (if different from above)

Name of Requesting Agency:

Telephone No.: ()	Email Address:
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Mailing Address:

City:	State:	Zip:	County:
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For questions regarding this program and/or application, please contact the following:

Department of Health and Human Services
Licensing and Regulatory Services
CNA Training Program Approval
41 Anthony Ave; 11 State House Station
Augusta, ME 04333-0011

Tel: (207) 287-2281

Fax: (207) 287-2673

Toll Free: 1-800-791-4080

TTY users call Maine relay 711

Email: robert.e.carr@maine.gov

SECTION 4: Clinical / Classroom Information			
Name of Classroom Site:			
Telephone No.: ()		Email Address:	
Mailing Address:			
City:	State:	Zip:	County:

Name of Clinical Site:			
Telephone No.: ()		Email Address:	
Mailing Address:			
City:	State:	Zip:	County:

Name of Clinical Site:			
Telephone No.: ()		Email Address:	
Home Address:			
City:	State:	Zip:	County:

Name of Clinical Site:			
Telephone No.: ()		Email Address:	
Home Address:			
City:	State:	Zip:	County:

SECTION 5: Proctor/Instructional Staff (use additional sheets, if necessary)			
Proctor Name and Title (Responsible for administering the State exam):			
Telephone No.: ()		Email Address:	
Mailing Address:			
City:	State:	Zip:	County:

Name of Instructional Staff:			RN License #:
Telephone No.: ()		Email Address:	
Home Address:			
City:	State:	Zip:	County:
<i>Note: Only registered professional nurses currently licensed in Maine may teach and supervise CNA training programs. Additionally, instructors must meet the federal OBRA requirement 42 CFR 483.152 (a)(5)(i)(ii) for nursing assistant instructors.</i>			

Name of Instructional Staff:			RN License #:
Telephone No.: ()		Email Address:	
Home Address:			
City:	State:	Zip:	County:
<i>Note: Only registered professional nurses currently licensed in Maine may teach and supervise CNA training programs. Additionally, instructors must meet the federal OBRA requirement 42 CFR 483.152 (a)(5)(i)(ii) for nursing assistant instructors.</i>			

SECTION 6: Training Program Information

Estimated number of students to be served by the program: _____

What are the projected dates: Beginning: January/September 1, _____ Ending: December/August 31, _____

Program Schedule and hours:

Number of Weeks: _____	Days/Evenings per week: _____
Timeframe (daily schedule) Classroom: _____	Lab: _____ Clinical: _____
Total Hours: Classroom: _____	Lab: _____ Clinical: _____

Note: Letters of verification are required if educational delivery system(s) is/are unable to provide the program.

SECTION 7: Submission

Remember to submit the following documents with your completed application:

- Appropriate credentials of CNA Program Instructional Staff
 - Copy of current R.N. License
 - Notarized resume of employment experience as registered professional nurse, which documents a minimum of two (2) years (cumulative) as an R.N. and one (1) year (cumulative) as a R.N. in the “provision of long-term care facility services”. The long-term care experience can be a part of the Two (2) year work experience requirement as a R.N. (updated every 5 years).
 - Proof of completion of the state-approved “Train-the-Trainer” course or documentation of approved coursework in teaching the adult learner or experience in supervising nurse aides which is documented in current resume. **(Unless on file with the Department of Health and Human Services – DLRS.)**
 - Proof of appropriate teacher certification if teaching a Secondary level CNA program. **(Teacher certification is only required for K-12 teaching personnel.)**
- Written evidence of malpractice liability coverage for students and instructors on file with the educational delivery system prior to participation in the clinical area or on file if program is cosponsored by a nursing facility. (This must be updated ANNUALLY).

In addition, the following documents must be on file with the educational agency or nursing facility:

- Written policies for student admission, retention, and dismissal, which are in accordance with Maine State Board of Nursing Rules, Chapter V, on file with the Department of Health and Human Services, **updated every other year.**
- Adequate facilities for classroom, laboratory and clinical training.
- Adequate access to teaching/learning resources, including:
 - Texts/references
 - Audiovisual materials
- Documentation of student performance and student evaluation including standardized skills checklist signed by the primary instructor(s).
- Training/lesson plans which teach the minimum competencies required by law as specified in the State Board of Nursing Prescribed Curriculum.
- Appropriate accreditation/license of facilities to be utilized (copy of license number on file with the educational delivery system).
- The use of the State Standardized Contractual Agreement for all cooperating clinical facilities utilized by the CNA training program. The standardized contractual agreement form defines the respective roles of the educational delivery system sponsoring the CNA training program and the cooperating clinical facility. This document defines the role of the CNA trainee as a student, not as part of the nursing facility FTE staffing component.
- A written statement from the administrator of the health care facility where the students are training, which states that the students, while participating in the classroom or clinical portions of the CNA program, are not counted as part of the nursing facility FTE staffing component.
- A written statement as stated above for the primary instructor(s) and clinical supervisor(s) teaching the CNA program (indicating no overlapping responsibilities).

SECTION 7: Submission (Continued)

- Copy on file of the Train-the-Trainer Certificate for primary instructor (if available).
- Routine monitoring of the CNA training program by the program administrator or qualified designee to ensure that quality programming standards are met and that the program is in compliance with all applicable State and Federal laws and regulations.
- The program administrator assumes responsibility for conducting a site review of any clinical facilities utilized for CNA classroom purposes to ensure that the requirements for facilities, equipment, instructional materials and resources are met as specified in Section III – A-D of the Department’s Implementing Rules.

SECTION 8: Declaration

As the training program administrator responsible for overall operation of the program:

- I certify that all information contained in this application is complete and accurate.
- I understand any falsification of statement may be grounds for denial.
- I certify that all required documents are included and/or on file with the educational agency or nursing facility.
- I understand that a site review(s) may be required before approval is granted.

Signature of Administrator

Date

Print name of Administrator and Title